Mental Health America of Wisconsin

Testimony on SB63
Senate Committee on Public Health, Human Services and Revenue

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Mental Health America of Wisconsin
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Mental Health America of Wisconsin (MHA) would like to raise concerns about the potential for this bill to negatively impact families where either a parent/caretaker or child has a disability. Because of the presence of the disability it may take longer to address the issues that led to placement of the child in foster care. As I understand it, current law allows filing of termination of parental rights (TPR) at six months but gives counties the discretion to withhold this in situations where there is reason to believe a successful reunification could occur if more time is allowed. This bill would change this "may" to a "must" for children under eight years of age.

MHA has direct experience with these situations. We operate a best practice model program working with caretakers who have a mental illness (and usually a co-occurring substance use disorder)—Strong Families/Healthy Homes. We have had a contract with the Bureau of Milwaukee Child Welfare for 7 years (and have recently expanded the program to Ozaukee County) working with such families who have become involved with the child welfare system. This program has been extremely successful in reunifying these families: 83% of these adults with mental illness are successfully reunited with their children. We are extremely proud of this program.

However, the average length of stay in this program is 12 months and the families that experience the most success are in the program for 12-24 months. The current requirements to seek TPR after 15 months present a considerable challenge. We fear that the requirement in SB63 to begin TPR after 6 months where children under 8 years of age are involved would ensure that we would be unable to reunify any of these families. Here is an example:

> Mary (not her real name) had a mental illness and lost custody of her children, girls age 2 and 4, when she required hospitalization at the Milwaukee County Mental Health Complex. In this case, MHA did not receive the referral to this family until six months after the children were removed from the home. As is the case with most of the families we work with, it takes child welfare workers a considerable amount of time to find initial services for each family. In our experience, the child welfare system usually refers families to standard services (parenting aid, therapist, parenting class) which often aren't the best services for the special needs of these families. In Mary's case, once in our program, it took her six months to understand, treat and care for her mental illness. Once she was on the path of recovery, she started to look for work and was successful in finding a job within one month. Mary's treatment providers, boss and family could all

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testify to her great success. Two months later the 15 month mark had approached and child welfare was forced to make a decision. The caseworker did not feel two months was enough time for Mary to have demonstrated adequate sustainability in her health and employment. While we advocated for an extension so the case worker could have more time to see improvements, she declined to do so and TPR was initiated. Shortly after Mary's rights were taken. Mary was a good parent who simply needed appropriate mental health treatment and a job; but due to the time constraints, she lost the rights to her children. This was devastating for the whole family, especially the two innocent children.

While our program works with adults with mental illnesses, we believe that a similar scenario could play out for people with other disabilities. Additionally, there are instances where parents voluntarily give up custody of children in order for those children to access residential treatment services. Although most of these children will be over 8 years of age, and I can't document how often this occurs, it is another area where the law might have an unintended or undesirable effect.

There continues to be stigma towards individuals with mental illnesses and this can be manifested in a belief that they cannot be good parents. And yet our experience has shown that when these caretakers get the services and the supports they need they can be wonderful parents. We feel this bill will discriminate against these families by establishing an unrealistic standard for reunification.

It should also be noted that while there are provisions allowing extension of current time periods, there is a lot of pressure for child welfare workers not to do so. Many of these workers are young, bachelor's level staff who do not have the experience to understand the potential for these families to succeed. As you saw, in Mary's case this flexibility was not utilized.

MHA certainly supports what we understand to be an underlying goal of this bill; to avoid having young children languish unnecessarily in foster care settings. This, in itself, can have significant negative impacts on a child's long term emotional health. However, we think the committee needs to take time to consider how to balance this with the appropriate need for certain families to have additional time. I can tell you that I have spoken with a number of advocates who are similarly concerned but, given the short time frame between when this bill was introduced and this hearing, they have not been able to do what they feel is adequate analysis and review of the bill.

For these reasons we ask that you consider taking additional time to receive input from other groups on this bill to see whether and how it might be modified to address the concerns I have identified. If you are interested, I would be glad to help facilitate a meeting.

Invisible Children's Program (ICP): Success Stories

A single mother of three who experiences chronic mental health symptoms began our program after her children were placed in the foster care system. The mother suffers with bi-polar disease, chronic depression and anxiety, in addition to several physically debilitating medical problems. Once she began with ICP, her family advocate worked hard to get her connected with a psychiatrist and ongoing therapy for herself and the children. She began her psychotropic medication and regular therapy appointments within the first three months of beginning the ICP program. This regiment, along with involvement in a mental health education class and parenting classes through the ICP program led to reunification with her children within an eight month time frame. The children were returned home to their mother where she and the children are continuing with ongoing individual therapy and family therapy to ensure long-term success for the entire family.

A single mother of two entered ICP after her children were placed in foster care. The mother suffers from bipolar disorder, PTSD, Personality Disorder NOS, and a Learning Disorder NOS. While a part of ICP, she participated in in-home therapy and established a new psychiatrist within the first 3 months of being in the program. In addition to utilizing these treatment services, she also began consistent psychotropic medication use and weekly visits and communication with her family advocate through ICP. Through her hard work and involvement in ICP services she was reunified with her children and established residence in another state. Moreover, in her new residence, she was able to establish a new therapist, consistent medication use, and reestablish a positive connection with her children. At the end of her experience with ICP, the client relayed to the family advocate that her experience in ICP would be beneficial for others and said she would be recommending ICP to help other families find success.

A single mother of two small children was referred to the ICP by her outpatient therapist. She was diagnosed with depression by her primary medical doctor and was prescribed a sub therapeutic dose of an antidepressant while she was nursing her youngest son. This mother has an extensive family history of mental illness among siblings, a parent, aunts and grandparents. She was placed on a waiting list for ICP, but was offered the support and services in the SFRC immediately. She began attending classes and groups right away. This mom was later admitted to ICP and began receiving in-home services with a Family Advocate. With this support, she achieved her goal to graduate with her GED and receive job training. She also learned much more about her children's growth and development and strengthened her parenting skills. While in the ICP program, she also developed better communication skills with family and friends and found natural supports in extended family to provide her respite. Respite has enabled this mom to attend to her own physical and mental health and wellness. This mother will soon graduate ICP and has been a role model for the other parents in the program. She has expressed interest in receiving the training and education needed to become a Peer Specialist in the future.

The Invisible Children's Program (ICP)

Dedicated to strengthening, empowering and preserving families.

What is the Invisible Children's Program?

The Invisible Children's Program (ICP), a project initiated by Mental Health America of Wisconsin (MHA), provides support and advocacy services to families where the parent(s) have mental health concerns. The ICP empowers parents to meet their children's needs and improve the overall health of their family, thus preventing child neglect, abuse, infant mortality, childhood injuries, and future mental illness.

What types of services does the ICP provide?

- Intensive case management
- Treatment education
- Mentoring
- Advocacy
- Parent education
- Mental health education
- Support groups
- Youth enrichment activities
- Fun family events
- Hygiene and personal grooming education
- Prenatal and early identification prevention for pregnant women

What does the name ICP mean?

Adult mental health services frequently focus only on the adult with the diagnosis. If the adult has children, those children are often "invisible" to service providers because there are separate programs and services for children. The ICP focuses on the needs of the entire family, believing that although the parent may have the mental illness, it is the entire family that is affected by the mental illness of one member.

Who is eligible for the program?

Parents with a mental illness and their families who live in Milwaukee County are eligible for the program. Individuals must be motivated to become healthier and participate in all aspects of the program.

How do I refer a family to the ICP?

Simply fill out a referral form. Referral forms are available on our web site at www.mhawisconsin.org. If you have questions, please call MHA at (414) 276-3122.

The Specialized Family Resource Center (SRFC)

The Specialized Family Resource Center supports families with special mental health needs through education, advocacy and social opportunities. The Family Center offers a warm, comfortable, safe and home-like environment. If you or someone you know could benefit from the Specialized Family Resource Center, please call (414) 336-7962 to schedule a tour or to receive more information.

The Specialized Family Resource Center is a place where parents can connect with resources, meet new people, attend classes and enjoy family activities at little or NO cost.

Family Center Programs and Classes

- *Wellness Recovery:* This is a mental health education class that focuses on the parent's recovery from mental illness.
- *Parenting:* This class utilizes the Nurturing Parenting Curriculum to build and strengthen parenting skills while increasing the parent's knowledge and understanding of how their mental illness affects his/her parenting.
- *Parent Support Groups:* Support groups offer an opportunity for parents with a mental illness to support and receive support from other parents who have a mental illness.

Other offerings include but are not limited to:

- Eating Smart, Being Active: This allows parents to learn healthy living habits. They can also make and take home new, healthy recipes for their family.
- Women's Empowerment Series.
- Art Expression: Parents are able to do organized projects or use the Center's supplies independently to create arts or crafts to take home or display in the Center.
- Healthy Relationship Classes.

Family Center Services include:

- Connection to community Resources
- Lending Library
- Computer and Internet Access
- Drop-in time with FREE childcare
- Light meals and/or snacks may be available
- Bus tickets and/or parking may be available upon request for program attendees
- Food and clothing donations may be available to Family Center participants

Call (414) 336-7962 to verify hours and a current schedule.

Testimony on 2011 SB 63, 2011 SB 64, and 2011 SB 65
Fredi-Ellen Bove, Administrator for the Division of Safety and Permanence
Department of Children and Families

April 21, 2011

Good morning Madam Chair and members of the Committee. My name is Fredi-Ellen Bove and I am the Administrator for the Division of Safety and Permanence in the Department of Children and Families. Thank you for the opportunity to testify today.

The three proposed bills, SB 63, 64, and 65 make significant changes to current child protective services and adoption practices, and thereby have the potential to significantly affect the well-being of many children and families in the state. The Department has a number of concerns with the bills as currently drafted, which we have discussed with the author of the bill. The Department plans to work with Senator Lazich to explore ways to address these concerns. I am testifying today for informational purposes.

Of the three bills, Senate Bill (SB) 63 proposes the most dramatic changes to the child protective services system. For this reason, my remarks today will focus on SB63.

SB 63 would require a Termination of Parental Rights (TPR) petition to be filed for a child who has been in foster care or another type of out-of-home placement for six months if the child is under age eight or if the child is over age eight and meets certain criteria. Certain exceptions to filing a TPR for a case, specified in current law, would continue to apply.

The bill represents a significant departure from current state law and practice which requires, subject to specified exceptions, that a TPR be filed for a child of any age who has been in out-of-home care for 15 months. Current state law is consistent with the federal Adoption and Safe Families Act, which requires TPRs to be filed at 15 months of out-of-home care. The bill primarily affects children under age 8 who are in out of home care.

For children who are removed from their homes for safety reasons, the goal of the child protective services system is to identify and transition the child to a permanent, safe, stable, and loving home that is in the best interests of the child. Possible permanency outcomes for children temporarily in out-of-home care include reunification with their family, living with a relative who serves as the child's guardian, and adoption, which requires the termination of parental rights. The policies and processes of the child protective services system are designed to achieve a permanency outcome for the child on as timely a basis as possible, while striving to ensure that the outcome is in the best interests of the child.

The vast majority, 75%, of children who are temporarily removed from their homes for safety reasons are either reunified with their family or remain permanently with a relative guardian. In these cases, parental rights are not terminated and the parent and child remain connected.

Under federal and state law, with certain exceptions, a child welfare agency that has removed the child from the home must make reasonable efforts to provide services and supports to the family that could result in returning the child to the parent's home. These reasonable efforts often include connecting parents with counseling, drug or alcohol treatment, resources for behavior management, housing, public benefits, and more. In the case of Indian children, the agency must meet the higher standard of making active efforts to provide services that could result in the return of the child to the parent's home. It can often take over 6 months for a parent to achieve access to and complete appropriate

programs and to learn and adopt behavior changes needed to maintain a safe and stable environment for the child. For example, there are waiting lists for many treatment programs, meaning that parents that are ready to enter treatment may have to wait two to three months to even enter treatment. The treatment program itself is likely to take several months to complete.

Of the family reunifications in 2010 for children under eight, slightly more than half, 53% or 652 children, achieved family reunification within the first six months. However, for slightly less than half, 47% or approximately 577 children, family reunification required more than six months to achieve.

Accelerating the TPR step to the six month point as proposed under this bill imposes a significant emotional impact on the child. A permanent separation is emotional and traumatic for children. At the six month point in out of home care, a child is often still traumatized, grieving, and strongly hoping and planning to return home. Research has shown that children benefit by maintaining a connection with family and community, wherever possible. As the state experience demonstrates, proceeding with TPR at six months is, in many cases, unnecessary and ill-founded because family reunification can be successfully achieved after six months.

An important feature in our child protective services process is concurrent planning. Under this approach, child protective services staff work on two possible permanence goals for a child at the same time; for example, the caseworker may be planning for both family reunification and for an alternative permanency option, such as adoption, if family reunification is not possible. Concurrent planning helps assure that a timely permanent outcome is achieved for the child, even in cases where family reunification is not possible.

Current law allows child welfare agencies to file for TPR in less than 6 months, in those infrequent cases where it is clear by the sixth month that a family cannot be reunified .

The bill has other problematic features. The bill would increase the number of TPR petitions filed, creating an additional workload for the court system that it is not equipped to handle with existing resources. Also, for all additional TPR cases generated under this bill, a permanent adoptive home would have to be found for the child. County child welfare agencies and the Department experience difficulties recruiting a sufficient number of adoptive parents to meet the current need.

In addition to the significant programmatic impacts, the proposed bill also creates a large financial liability for the Department. Individuals who adopt children who were in out-of-home care are eligible for adoption assistance payments under the state's Special Needs Adoption Program. The average monthly payment for a child under the Special Needs Adoption Program is $934 per month or $11,200 per year, of which approximately half is funded with state GPR and half with federal IV-E revenue. An adoptive parent is eligible for adoption assistance until the child is 18, or until the child finishes high school, if the child is enrolled in high school at age 18. For each additional adoption created under this bill that would not have taken place under current law, the increased cost of adoption assistance payments until the child reaches 18 years old is approximately $162,400 All Funds. As noted above, under the bill up to 577 children per year could be diverted from living permanently with families without child-related payments from the state and into adopted families with adoption assistance provided by the state.

Again, thank you for the opportunity to appear before the Committee.